OIPE 2006 W

Signature

Typed or printed name

Debra J. Kellom

APJJW /
PTO/SB/2/(09-04)

3 300	PTO/SB/2 (0 Approved for use through 07/31/2006. OMB 0651									
Approved for use through 07/31/2006. OMB 9551-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										
Ungstythe Paperwork Reduction Act of 1995. r				Application Number 10/625,93		_				
DEBE	TR	ANSMITTAL			July 24	24, 2003 ael Lebner				
		FORM			+ -					
					3731					
(to	he used for a	all correspondence affer initial	filina)	Examiner Name Darwin P. EREZO		P. EREZO				
(to be used for all correspondence after initial filing Total Number of Pages in This Submission				Attorney Docket Number	0156-2	0156-2004US01				
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remail The C credit	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Commissioner is hereby authorized credit any overpayments associated wathout the commissioner is a sociated wathout		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Check in the amount of \$760 and Return Receipt Postcard.					
		SIGNA	TURE C	F APPLICANT, ATTO	RNEY, C	OR AGENT				
Firm N	lame	PIERCE ATWOOD	LLP							
Signat	ure	Jamas 24.	n o							
Printed name James M. McAleena		ın								
Date		5/1/2006 F			Reg. No.	56,820				
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with										
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/for suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

5/1/2006

760.00

	tive on 12/08/2			Con	nplete if Know	n		
		ations Act, 2005 (H.R. 4818).	Application Nu	ımber 10/	625,937			
FEE TRANSMITTAL			Filing Date July		24, 2003			
Fo	First Named In	First Named Inventor Mich		hael Lebner				
			Examiner Nan	Examiner Name Darv		win P. EREZO		
Applicant claims sma	Art Unit	373	3731					
TOTAL AMOUNT OF PAY	(\$) 760.00	Attorney Dock	et No. 015	6-2004US01			
METHOD OF PAYMEN	IT (check al	l that apply)						
Check Credit	Card	Money Order No	one Other	(please identify	v):			
		nt Number: 500282			Pierce Atwoo	od LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
`	s) indicated b		=	•		ept for the filing fe		
Charge any	additional fee R 1.16 and 1	e(s) or underpayments of	fee(s) Cred	dit any overpa	yments			
VARNING: Information on th	is form may b	ecome public. Credit card i	nformation should	not be include	d on this form. Pr	ovide credit card		
nformation and authorization	n on PTO-2038	З						
FEE CALCULATION								
				EVANALAL	ATION FEES			
	FILING	FEES SEA	RCH FEES	EXAMIN	ATION FEES Small Entity			
	FILING		RCH FEES Small Entity	EXAMIN	ATION FEES Small Entity Fee (\$)	Fees Paid (\$)		
I. BASIC FILING, SEA	FILING	FEES SEA Small Entity	RCH FEES Small Entity (\$) Fee (\$)		Small Entity	Fees Paid (\$)		
Application Type	FILING Fee (\$)	FEES SEA Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$) 250	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Application Type Utility	FILING Fee (\$) 300	FEES SEA Small Entity Fee 150 500	(\$) Small Entity (\$) Fee (\$) 250 50	Fee (\$) 200	Small Entity Fee (\$) 100	Fees Paid (\$)		
Application Type Utility Design	Filing Fee (\$) 300 200	FEES SEA Small Entity Fee 150 500 100 100	(\$) Small Entity (\$) Fee (\$) 250 50 150	Fee (\$) 200 130	Small Entity Fee (\$) 100 65	Fees Paid (\$)		
Application Type Utility Design Plant	Filing Fee (\$) 300 200 200	FEES Small Entity SEA 5 mall Entity Fee 150 500 100 100 100 300	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160	Small Entity Fee (\$) 100 65 80	Fees Paid (\$)		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE	Filing Fee (\$) 300 200 200 300 200	FEES SEA Small Entity Fee 150 500 100 100 100 300 150 500	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0	Small Entity		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE	FILING Fee (\$) 300 200 200 300 200	FEES Small Entity SEA 5 mall Entity Fee (\$) 150 500 100 100 150 500 150 500 100 0	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0			
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20	FILING Fee (\$) 300 200 200 300 200 EES (including H	FEES Small Entity SEA 5 mall Entity Fee (\$) 150 500 100 100 150 500 150 500 100 0 Reissues) 0	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$)	Small Entity Fee (\$)		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent cl	FILING Fee (\$) 300 200 200 300 200 ESS (including I aim over 3	FEES Small Entity SEA 5 mall Entity Fee (\$) 150 500 100 100 150 500 150 500 100 0	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50	Small Entity Fee (\$) 25		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20	FILING Fee (\$) 300 200 200 300 200 ESS (including I aim over 3	FEES Small Entity SEA 5mall Entity Fee 150 500 100 100 150 500 150 500 100 0 Reissues) (including Reissues)	(S) Small Entity (S) Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360	<u>Small Entity</u> <u>Fee (\$)</u> 25 100		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 of Each independent of Multiple dependent of Total Claims - 20 of HP =	FILING Fee (\$) 300 200 200 300 200 ES (including Faim over 3 claims Extra Clai	FEES Small Entity SEA 5 mall Entity Fee 150 500 100 100 150 500 150 500 100 0 Reissues) (including Reissues)	(\$) Small Entity (\$) Fee (\$) 250 50 150 250 0 250 0 0	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180 pendent Claims		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims HP = highest number of tot	FILING Fee (\$) 300 200 200 300 200 ES (including Faim over 3 claims Extra Claims	FEES SEASmall Entity Fee (\$) Fee 150 500 100 100 100 300 150 500 100 0 Reissues) (including Reissues) ms Fee (\$) Fee x Fee (\$) Fee Fee (\$) F	(\$) Small Entity (\$) Fee (\$) 250 50 150 250 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De	Small Entity Fee (\$) 25 100 180 pendent Claims		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims HP = highest number of tot Indep. Claims	FILING Fee (\$) 300 200 200 300 200 ES (including Faim over 3 claims Extra Claims Extra Claims	FEES SEASmall Entity Fee (\$) Fee 150 500 100 100 100 300 150 500 100 0 Reissues) (including Reissues) ms Fee (\$) Fee x Fee (\$)	(\$) Small Entity (\$) Fee (\$) 250 50 150 250 0 250 0 0	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De	Small Entity Fee (\$) 25 100 180 pendent Claims		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims HP = highest number of tot	FILING Fee (\$) 300 200 200 300 200 ES (including I aim over 3 claims Extra Claims Extra Claims	FEES SEAS SEAS SEAS SEAS SEAS SEAS SEAS	(\$) Small Entity (\$) Fee (\$) 250 50 150 250 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De	Small Entity Fee (\$) 25 100 180 pendent Claims		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent of Multiple dependent of Multiple dependent of Multiple dependent of Total Claims ———————————————————————————————————	FILING Fee (\$) 300 200 200 300 200 ES (including I aim over 3 claims Extra Clai Extra Clai ependent claim	FEES Small Entity SEA Fee (\$) Fee 150 500 100 100 150 500 150 500 100 0 Reissues) (including Reissues) ms Fee (\$) Fee for, if greater than 20. Fee (\$) Fee ms Fee (\$) Fee spaid for, if greater than 3. Fee	(\$) FEES Small Entity (\$) Fee (\$) 250 50 150 250 0 0 250 0 0 eee Paid (\$)	Fee (\$) 200 130 160 600 0	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De Fee (\$)	Small Entity Fee (\$) 25 100 180 pendent Claims Fee Paid (\$)		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims — - 20 or HP = HP = highest number of tot Indep. Claims — - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an	FILING Fee (\$) 300 200 200 300 200 ES (including Faim over 3 claims Extra Clai Extra Clai ependent claim FEE d drawings	FEES SEAS SEAS SEAS SEAS Small Entity Fee (\$) Fee	RCH FEES Small Entity (\$) Fee (\$) 250 50 150 250 0 250 0 0 0 ee Paid (\$) ee Paid (\$)	Fee (\$) 200 130 160 600 0	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De Fee (\$)	Small Entity Fee (\$) 25 100 180 pendent Claims Fee Paid (\$)		
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FE Fee Description Each claim over 20 of Each independent of Multiple dependent of Multiple dependent of Total Claims - 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind Indep. Claims - 3 or HP = HP = highest number of ind Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 3 or HP = HP = highest number of Indep. Claims - 4 or HP = HP = highest number of Indep. Claims - 5 or HP = HP = highest number of Indep. Claims - 6 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims - 7 or HP = HP = highest number of Indep. Claims	FILING Fee (\$) 300 200 200 300 200 ES (including I aim over 3 claims Extra Clai extra Cl	FEES Small Entity SEA Fee (\$) Fee 150 500 100 100 150 500 150 500 100 0 Reissues) (including Reissues) ms Fee (\$) Fee for, if greater than 20. Fee (\$) Fee ms Fee (\$) Fee spaid for, if greater than 3. Fee	RCH FEES Small Entity (\$) Fee (\$) 250 50 150 250 0 250 0 0 ee Paid (\$) ee Paid (\$) paper (excluding fee due is \$250	Fee (\$) 200 130 160 600 0	Small Entity Fee (\$) 100 65 80 300 0 Fee (\$) 50 200 360 Multiple De Fee (\$)	Small Entity Fee (\$) 25 100 180 pendent Claims Fee Paid (\$)		

SUBMITTED BY			
Signature	Some M. M'alen	Registration No. (Attorney/Agent) 56,820	Telephone 603-433-6300
Name (Print/Type)	James M. McAleenan		Date 5/1/06

Other (e.g., late filing surcharge): Petition for Extension of Time (3 months-\$510) & Notice of Appeal-\$250

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.